



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## 2016 Critical Incident Reporting Process Collaborative Training Questions and Answers

Question	Answer
Do long-term services and supports Case Managers complete critical incident reports when they oversee the nursing facilities? Or is this up to the facility to complete?	By the end of the next calendar day (after the incident), the individual who either witnessed or first became aware of the incident shall report as much information known about the incident on any eligible member receiving Home and Community Based Services (HCBS) Waiver or Habilitation Services. Critical incident reports are required for HCBS Waiver and Habilitation Services. Those not required to report are: Consumer Choice Options (CCO) providers, Home and Vehicle Modification (HVM) providers, transportation providers, Home Delivered Meals providers, or those involved with personal emergency response. Such providers are not registered Medicaid providers. So, if you hear of something occurring when a member is receiving services from a CCO/HVM/transportation/personal emergency response provider, or individual delivering meals, then you just discovered and have knowledge of the incident and will need to assist in entering the critical incident.
Are Outpatient Behavioral Health Providers to submit Critical incident reports to IME or MCOs for waiver customers they serve that are witnessed or discovered?	Yes. Critical incident reports are required for HCBS Waiver and Habilitation Services. Those not required to report are: Consumer Choice Options (CCO) providers, Home and Vehicle Modification (HVM) providers, transportation providers, Home Delivered Meals providers, or those involved with personal emergency response. Such providers are not registered Medicaid providers. So, if you hear of something occurring when a member is receiving services from a CCO/HVM/transportation/personal emergency response provider, or an individual delivering meals, then you just discovered and have knowledge of the incident and will need to assist in entering the critical incident
You mentioned a Comment section on the form. Can you please tell us where that is located?	The comments section is located within IMPA. This process has not changed for those reporting

	incidents for the Fee For Services (FFS) population. If you are supporting an MCO, member, review the CIR process information posted on each MCO website.
Will you be sending out the power point notes? When will they be available? Will we have access to this power point after the presentation	No, the notes will not be sent; however, a PDF of the PowerPoint will be sent to all attendees. Further questions can be submitted to the IME or the MCO CIR specialists who will coordinate a response.
What about seizures requiring medical treatment due to repetitive seizing?	This would NOT be considered a major incident, as it is medical in nature. A seizure is considered a minor incident. However, if the individual obtained a physical injury during the seizure and required treatment from a physician or hospitalization, then it would be considered a major incident.
If someone has a seizure and they have a physical injury but it does not require treatment other than basic first aid is that a major or just a minor	This would be considered a minor incident since the situation did not require a physician's treatment. Iowa Administrative Code Chapter 77 states: A minor incident consists of the following: 1. Results in the application of basic first aid 2. Results in bruising 3. Results in seizure activity 4. Results in injury to self, to others, or to property No physician or hospital treatment needed 5. Constitutes a prescription medication error
This is a copy of the rules for definitions of major incidents "6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in paragraph "1," "2," or "3";" why was 5 added?	Medication errors or pattern of errors that result in: physical injury that requires a physician's treatment or admission to a hospital; death; emergency mental health treatment; or an abuse report. Medication errors or a pattern of errors would impact the health and safety of the member. As a mandatory reporter, one would report to the Department of Human Services any potential child or dependent adult abuse that has resulted in a failure to provide or lead to the deprivation of adequate health care to such an extent that there is danger of a child or dependent adult suffering a serious injury or death.
Do you mean 8 #s for the date instead of 7? 01012017 is 8 numbers	Yes, it should be 8 numbers when entering the form into IMPA.
If an incident was witnessed, we still need to complete date of discovery?	In this situation, no, as the date of the incident and the date of discovery would be the same.

In the CM portion of form, is that for CM to fill out? If not how does a provider know if the CM has contacted the member within 24 hours?	This question is for the case manager when the incident report is being completed by the case manager and not the service provider. If you are unaware of the answer, then this section would be left blank by the service provider. The provider is responsible for filling out the section in regard to Case Manager's name, address, city, state, zip code, email, and phone number when the initial CIR is completed by the service provider.
What shall we do if providing the critical incident form to the member will exacerbate their symptoms? Do we still give it to them?	An actual copy of the incident report is not necessary. The rule states that the member needs to be contacted if a major incident occurred outside of service provision.
Are providers of service considered Case Managers	No, case managers have a different role than service providers. Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.
If the customer is in an inpatient hospital visit do we mail the copy of the incident to the customer when discovered? Then provide the date mailed within one calendar day of discovery?	An actual copy of the incident report is not necessary. Rule states that the member needs to be contacted if a major incident occurred outside of service provision.
Why are we to report to case managers by 24 hours after the incident?	Iowa Administrative Code Chapter 77, reporting procedure requirements states: "When a major incident occurs or a staff member becomes aware of a major incident, the staff member shall notify the following persons of the incident by the end of the next calendar day after the incident: staff's supervisor, the member's legal guardian, the member's case manager, and the member's MCO. If the member is NOT enrolled with a MCO, the staff member shall report the information to the department's Bureau of Long Term Care."
Can you please give a definition of "preventable"?	Preventable means: to keep from doing something, something from happening, or something from occurring.
Please define who you are referring to on the Case Manager slide. Does this refer to the MCO Case Manager, DHS Case manager of the Community Provider Case manager? Who is the	This is referring to all case managers, community based case managers, targeted case managers, and service workers, transitional specialists, and integrated health home care coordinators. The

member they are then contacting and why?	member would be the one that was involved in the incident. IAC Chapter 77 states that if an incident occurred outside of service provision, then the member needs to be notified that a major incident report has been created.
For location of incident if the location is not specifically known- can we list unknown?	Yes, you would select "other" and then describe unknown in description section.
We have had cases where a physician or pharmacy error has caused a med error, but they are not options	If an option is not available, one would mark "other" and provide a description within this section.
Why is medical listed under Law Enforcement when earlier it is stated that Law involvement for medical is NOT a CI?	Such information allows the person reviewing the incident report to know the purpose of law enforcements involvement. A member could have sustained an physical injury needing medical attention and law enforcement was on scene as a first responder when 911 is called for assistance. This situation would be major incident due to the physical injury; however, the police involvement would be related to the medical issue.
What is a "Mental Injury"?	"Mental injury" is defined as any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional as defined in Iowa Code section 622.10. Examples of mental injury can be found on the Iowa Department of Human Services website: <a href="https://dhs.iowa.gov/child-abuse/what-is-child-abuse/mental-injury">https://dhs.iowa.gov/child-abuse/what-is-child-abuse/mental-injury</a>
IA abuse statute defines reportable abuse of adult only being that of a caregiver as perpetrator. The member would not be the perpetrator, then, ever, correct? (Just asking about your comment that we would identify member as perp or victim.) Has something changed in statute recently?	The statue has not changed; however, there may be a situation in which the member caused some form of abuse. This is why this section has the option for choosing whether the member was a perpetrator or victim. There is also a category for Dependent Adult abuse, Self Denial of Critical Care. This is one specific example where the member would be the perpetrator.
So do we upload the CIR to BOTH the MCO and IMPA, or only MCO for those with MCO and only	For members enrolled with an MCO, you will need to follow the MCO submission process that

IMPA for those with FFS?	is posted online for each MCO. For FFS members, that are NOT enrolled with a MCO FFS members) , you will upload the form through IMPA.
How are the regions wanting us to report critical incidents?	All critical incidents are reported according to the definition within IAC chapter 77. For a MCO member, an incident will be submitted according to the process established by and posted online by each MCO. For a FFS member, an incident will be submitted within IMPA.
Will the report automatically be sent to the CM's once sent through IMPA?	No, the incident report itself will not be automatically sent to the Case Manager. It is the provider's responsibility to inform the Case Manager a major incident occurred.
What if we don't have all of that access in IMPA - I don't have those options under File	This was from UHC. MCO's do not submit incident reports through IMPA.
Will incident reports be uploaded into ISIS for review?	No, incident reports not uploaded into ISIS. Incident reports are submitted through IMPA. Once submitted in IMPA, a workflow is generated in ISIS. The workflow will create a notification to the Case Manager, known as a milestone, in ISIS. Although, the case manager receives a workflow within ISIS, this is not to be used as the form of communication to the case manager about the occurrence of the critical incident.
To clarify, if a member is enrolled in an MCO, that critical incident goes through the MCO, NOT IMPA? Correct?	Yes, that is correct.
When do you submit Critical Incident Reports to DIA?	The section titled, "Reporting", provides information to the reviewer in order to understand whether or not another reporting entity was contacted regarding the incident. The specific form, 470-4698, is not submitted to the Department of Inspection and Appeals (DIA). DIA and other credentialing/licensing entities have their own specified definitions of what needs reported and individual process of how this is done. One will need to adhere to these guidelines in addition to the IAC Chapter 77 incident reporting requirements.
Do individual CDAC provider do major incident reports	Yes, individual CDAC providers would complete an incident report and submit accordingly. Those not required to report critical incidents are: Consumer Choice Options (CCO) providers,

	Home and Vehicle Modification (HVM) providers, Transportation providers, Home Delivered Meals providers, or Personal Emergency Response providers. Such providers are not registered Medicaid providers. So, if you, as a CDAC provider, hear of something occurring when a member is receiving services from a CCO/HVM/Transportation/Personal Emergency Response provider, or during delivery of Home Delivered Meals, then you just discovered and have knowledge of the incident. As an individual CDAC provider, you must submit a critical incident report or assist the CM or care coordinator in entering the critical incident.
Location unknown is listed under both law enforcement and under its own category is there a difference??	Yes, law enforcement may or may not be involved in a situation where a member's location is unknown. This allows the person completing the review to quickly know the purpose of law enforcement's involvement with the member.
When will this go into effect for the MCO's will they all be using the same form?	Yes, everyone will use the same incident report form, 470-4698 (Rev. 1/17). For further clarification please refer to Informational Letter 1745-MC-FFS. The updated critical incident report form will be used universally for the FFS program and for each MCO beginning January 1, 2017. The revised form was introduced during the December 13, 2016 webinar.
If an incident happens in a nursing home facility is it reported as an incident?	If the member is receiving HCBS waiver or Habilitation services, then yes, the incident report would need to be reported in accordance with IAC Chapter 77.
Can you speak to Mental Health Therapists submitting incident reports. The presentation focused on other providers, but a MH therapist does not always have IMPA or access to case manager.	Mental Health Therapists are required to follow IAC chapter 77 incident reporting requirements for all members receiving HCBS Waiver and/or Habilitation services.
How do we submit to the MCO's now - will it be through their portal or email address like it is now?]	Each MCO will provide step by step instructions for successful CIR submission into their own systems. Please refer to Informational Letter 1745-MC-FFS, for details on how to access the MCO's website for such information.
Is there a date the old form will no longer be accepted	Yes, beginning January 1, 2017, the old version of form 470-4698 will no longer be accepted. The CIR report maintains the same form number; however, one will know if the correct version is

	being used by the revision date identified at the bottom of each page (470-4698 Rev. 1/17).
Are there specific requirements for Case Manager follow up? The IAC refers to ISIS for milestones.	Yes. Once an incident report is submitted through IMPA for Non-MCO enrolled members, a workflow milestone will be generated in ISIS. This workflow will create a notification to the Case Manager to complete. Each MCO will provide clarification regarding the incident reporting process on their individual website. The location of each website can be found on the last page of the critical incident report or within Informational Letter 1745-MC-FFS.
Did the FFS submission information apply to MCO services also?	No, please refer to Informational Letter 1745-MC-FFS for further clarification. The letter indicates after December 13, 2016 webinar training, each MCO will post training material to their respective website. Each MCO will provide step by step instructions for successful CIR submission into their individual systems.
The slides note that a major incident is when someone is admitted, however, later it was stated that a major incident is when someone requires hospital treatment. Please clarify since there is a difference between admissions and treatments since many people return home and are not admitted.	IAC chapter 77 provides the following definition of a critical incident: "Results in a physical injury to <u>or</u> by the member that requires a physician's treatment or admission to a hospital." The key word is "or". If someone is admitted to a hospital <u>or</u> needs a physician's treatment, due to a physical injury sustained to or by the member, then the situation is considered a major incident.
Did you say that we also must send the report to the member's MCO?	If the member is enrolled with an MCO, then any major incident report would be submitted through the member's respective MCO critical incident reporting system. If the member FFS and is <b><u>not</u></b> enrolled with an MCO, then the report would be submitted through the IMPA, the FFS incident reporting system.
Do we need to put our incidents on IMPA site as well as send them thru the MCO? We have not been putting our incidents on IMPA so I want to make sure we are doing this correctly.	No, please refer to Informational Letter 1745-MC-FFS. For the FFS members (not enrolled with an MCO). Any major incident reports for FFS members need to be submitted through IMPA. The Informational Letter states: Following the HCBS QA webinar training, noted above, each MCO will post a webinar to their respective website. Each MCO webinar will provide step by step instructions for successful CIR submission into their systems.

<p>If a person calls 911 and is taken to the ER for a stomach ache or side pain or heart pain or they are having trouble breathing, is that considered a Major incident? It is not really a physical injury but did require emergency medical treatment.</p>	<p>This would not be considered a major incident, as it is medical in nature. It would only be a major incident if the individual received a physical injury that needs treatment by a physician to address.</p>
<p>I have recently taken over incident reporting within our agency and I am not sure I have been doing them correctly now. I had been reviewing and submitting the IR form directly to the correct MCO. I have not been putting them also into IMPA. I understood that we only report in IMPA if it was a fee for service individual. This only applies to Waiver patients, not all Medicaid patients correct? Also, we do not case manage, we are just hired as a HHA to provide IMMT, some respite and elderly waiver visits. So, if an elderly waiver patient that we see weekly for medication set up, not case managed but us falls and breaks her hip and has to go into the hospital for surgery, we are required to fill out an incident report, or is this the responsibility of the case manager?</p>	<p>Correct, the incident report would be submitted to the member's specified MCO. A member receiving FFS would have their incident uploaded into IMPA. Iowa Administrative Code states: "One needs to report by the end of the next calendar day after a major incident occurred or is discovered. When you arrive at a home for a scheduled service and were informed of an injury requiring medical care, this is considered the point of discovery. It becomes your responsibility, or the designated person within the agency, to report the incident. Critical incident reports are required for HCBS Waiver and Habilitation Services. Those not required to report are: Consumer Choice Options (CCO) providers, Home and Vehicle Modification (HVM) providers, Transportation providers, Home Delivered Meals providers, or Personal Emergency Response providers. Such providers are not registered Medicaid providers. So, if you hear of something occurring when a member is receiving services from a CCO/HVM/Transportation/Personal Emergency Response provider, or during delivery of Home Delivered Meals, then you just discovered and have knowledge of the incident. As an individual CDAC provider, you must submit a critical incident report or assist the CM or care coordinator in entering the critical incident.</p>
<p>On the webinar, the updated reporting process for each MCO was in presentation. I went to Amerigroup website and noticed their incident report was different than the new Iowa DHS form 470-4698. Am I understanding that we need to complete the Amerigroup form and not submit 470-4698 to Amerigroup? Basically complete two forms, correct?</p>	<p>The updated reporting process for each MCO was NOT a part of the webinar presentation presented on December 13, 2016. Please refer to Informational Letter 1745-MC-FFS for clarification. Sometime following this webinar training, each MCO will post training material to their respective website. Each MCO will provide step by step instructions for successful CIR submission into their individual systems. Amerigroup-At the present time the current form is posted to the website. The updated 470-4698 will be posted to the website on the 1st of the year. There are not 2 forms. If the person is a MCO member only the MCO form will need to be completed and submitted.</p>



<p>Case manager section on the incident report questions:</p> <p>-does the HCBS provider need to verify with the case manager/care coordinator regarding date and time that the CM had contact with the member prior to submitting a completed report? What if the CM leaves a message and the client does not call back? Do we just note that in the additional notes? How does the provider know that the CM really had contact with the member?</p>	<p>The provider is responsible for filling out the section in regard to Case Manager's name, address, city, state, zip code, email, and phone number. The provider may not have this information. If you are unaware of the answer, then this section would be left blank by the service provider. This question is for the case manager, when the incident report is being completed by the case manager.</p>
<p>Incident section:</p> <p>-if a member has day hab and home based hab through the same agency-can only one of the programs complete the incident or do both need to?</p> <p>-what about in the instance that the day hab and home based are not through the same agency-do both programs/agencies still need to complete the incident report form?</p> <p>-If the care coordinator has already done an incident report and they inform the provider does the provider still need to complete the incident report?</p>	<p>IAC chapter 77 states the person who first becomes aware of the incident is the one who reports the incident. Only one incident report would need completed, regardless if the member has multiple providers. If an individual (whoever it may be) has already created and submitted a critical incident report, then a second report would not need to be completed for the same incident.</p>
<p>Location of Incident:</p> <p>-do we need to list the location or facility or address if the location is not a fixed place meaning-side of the road, apartment building that the client does not know the address of? Would we just list client did not know or NA?</p>	<p>No, as the incident did not occur at a specific facility or location. One would select "other" and describe the location where the incident occurred.</p>
<p>Reporting:</p> <p>In what instances would we be making a report to law enforcement in the reporting section that wouldn't already be noted as the incident type?</p>	<p>The Reporting section provides more specifics regarding who was contacted and when the contact occurred. Whereas, the section regarding Incident Type is centered around the reason for the involvement.</p>
<p>Incident Type:</p> <p>For the yes/no questions in the incident type sections are those required? If so if we do not know the answer how do we complete the section?</p>	<p>The yes/no questions are not required. If it does not apply, one would not mark a response in that section. However, you will need to provide as much information that is available in those sections.</p>
<p>Other questions:</p> <p>Does accessing crisis beds mean that an incident report for emergency mental health tx needs to be completed?</p>	<p>Yes, hospitalization for mental health treatment would constitute as a major incident.</p>
<p>The first is does this incident reporting include ICF? We are just wanting to know how to do</p>	<p>Critical incident reports are required for all individuals receiving HCBS Waiver and</p>

incident reporting for them and if this includes them.	Habilitation Services.
The second question I have is we are using IMPA again for critical incident reporting and we upload the form in IMPA to submit. There was a section on "Update reporting process" for each of the MCO, so will each of them have different ways to submit the incident report or will it just all be through IMPA and the MCO will access the incidents from there? I just want to be clear on where everything goes to get it. Also with the case managers, will they have access to the criticals in IMPA or do we still have to email them the form we fill out?	The updated reporting process for each MCO was NOT a part of the webinar presentation presented on December 13, 2016. Please refer to Informational Letter 1745-MC-FFS for clarification. Sometime following this webinar training, each MCO will post training material to their respective website. Each MCO will provide step by step instructions for successful CIR submission into their individual systems. For all members NOT enrolled with an MCO (FFS members), critical incident reports will continue to be reported through IMPA. Case managers will still have access to critical incidents within IMPA. However, submission in IMPA is not to be used as the form of communication to the case manager about the occurrence of the critical incident.
Last question I have is when will the forms be updated, I went to both the IMPA which wasn't there and the DHS form and it's still the old Incident Form, so just wanted to know if it would be January 1st when they would be released or when it would be available.	Please refer to Informational Letter 1745-MC-FFS for clarification. A revised version of the Iowa Medicaid Critical Incident Report form, 470-4698 (Rev. 1/17), for reporting critical incidents for members receiving HCBS Waiver and Habilitation services has been developed. This form will be used universally for the FFS program and for each MCO beginning on January 1, 2017. The form will replace all previous versions used to report HCBS Waiver and Habilitation critical incidents. Until that time, continue to use the current CIR, Form 470-4698 (Rev. 3/16). The updated form will be available on the DHS website, in the IMPA system and MCO websites on January 1, 2017.
Is there a certificate we can get for this training?	No, there will not be a certificate for this webinar training.
I saw the training was recorded. Where and when might that be posted for review and training purposes?	Please refer to Informational Letter 1749-MC-FFS for clarification. The recorded webinars will be posted on the DHS website and on the respective MCO websites at a later date.
IHHs need only to complete and submit Critical Incident forms for Hab & CMH (ICM members), not non-ICM participants of the integrated health home? How would this process differ between FFS and MCO clients?	Integrated Health Homes will need to complete and submit critical incident reports on all members receiving HCBS Waiver and Habilitation Services. Please refer to Informational Letter 1745-MC-FFS for further clarification. Following the webinar training, each MCO will post training material to their respective website. Each MCO

	<p>will provide step by step instructions for successful CIR submission into their individual systems. For all members NOT enrolled with a MCO (FFS members) will continue to report critical incidents through IMPA. For Program of All Inclusive Care for the Elderly (PACE) members living in integrated health homes and receiving Habilitation Services follow this process: Contact the PACE provider within the required timelines and assist the PACE provider in reporting the critical incident/Level II incident to the Centers for Medicare and Medicaid Services.</p>
<p>Under Incident Type, for Law Enforcement there is a yes/no option to indicate whether the member was charged. A service provider often may not know whether a member was charged until well after the required reporting period. When completing the initial report, should the reporter answer this question "no"? Or should they leave it blank?</p>	<p>If the answer is not known at the time the incident report is being filled out, one would leave the response blank. One will need to provide as much information that is available when reporting.</p>
<p>However, in reviewing the new incident report form on the back page under "Submission Instructions" it states "Direct entry of critical incidents can be completed electronically within each Managed Care Organization (MCO) and the Iowa Medicaid Portal Access (IMPA) System. Direct electronic entry is the preferred method." The Submission Instructions make it sound like incidents would be entered rather than uploaded. I just wanted to clarify before we present changes to all of our staff. Thanks in advance for any help you can provide.</p> <p>Attended the webinar, but what was somewhat confusing is where agencies are to input Habilitation funded clients incident reports. It was clear that Fee for service was to be detailed on the IMPA portal. Is this also where Habilitation funded clients are also to have their information placed and submitted? That part seemed a little unclear. In the past they have been sent to MCO and then directly to hcsir@dhs.state.ia.us or faxed to 515-725-3536. It is clear from the training about the process to send info to the MCO, Case Manager and guardian if needed.</p>	<p>The submission instructions are referring to how providers and case managers will need to complete the form electronically, whether it is through direct entry or uploading the document. Please refer to Informational Letter 1745-MC-FFS for clarification regarding the submission process. Sometime following the December 13, 2016 webinar training, each MCO will post training material to their respective website. Each MCO will provide step by step instructions for successful CIR submission into their individual systems. For all members NOT enrolled with an MCO, critical incident reports will be uploaded into IMPA. The submission process for the members <b>not</b> enrolled with an MCO (FFS members) is as follows: you will need to complete the updated CIR form electronically. Before submitting the form, you will need to make sure you save a copy to your desktop. Make sure to submit the form to the IME through IMPA at the time the incident occurred or was discovered.</p>
<p>Hello, during last week's webinar it was said that when a report on abuse is made to DHS that an incident report needs to be made as well. We have been taught to keep any notes on the DHS</p>	<p>One would continue to follow their agency's abuse reporting process as well as the reporting requirements identified in IAC Chapter 77. If a report is made to DHS regarding potential</p>

<p>investigation separate from the person's file and that we can not mention anywhere that we made an abuse report (all of that is kept in a separate process that is kept with the site manager.) Basically, any abuse reporting is kept separate from the person's regular working file. We do complete an incident report for the agency/client's record, but in that report we only document observable things (injuries, mental health status, etc.) Then we put that "appropriate contacts were made." However, in the webinar it sound like we do not need to keep any abuse reporting to DHS separate when it comes to incident reports, that they can contain the same information. Is this true?</p>	<p>"abuse", regardless of the decision by DHS to accept or reject the intake for investigation, this still constitutes as a major incident and a critical incident report must be completed and submitted. The information written within the DHS abuse report would be similar to what is written in the critical incident report.</p>
<p>I am revising the CIR policy and procedure and have a question. For MCO members, do we complete the CIR on IMPA, check the box for the MCO, and then download completed copy and forwarded this copy to the MCO. By checking the MCO box, does this automatically relay the CIR to the MCO? I just want to make sure I understand the process before I make revision to the procedures and had some confusion on where to complete the initial CIR.</p>	<p>No, only FFS individuals will have their critical incident reports submitted via IMPA. Please refer to Informational Letter 1745-MC-FFS for clarification. Each MCO will post training materials to their respective website providing step by step instructions for successful CIR submission into their individual systems.</p>
<p>When "Physical Injury" is selected in the Incident Type section, it automatically selects "Physical Injury" under "Medication Error Lead To" in the Medication Error section. See below. You cannot uncheck the box in the Medication Error section without simultaneously unchecking the box in the Physical Injury section</p>	<p>Issue has been resolved. When submitting an incident report for the Fee For Service population (non-MCO) providers/Case Managers need to make sure they are using the form that is on the IMPA website. This form is in a format that is IMPA friendly and can be submitted successfully. If you are trying to submit a CIR that is from one of the MCO's websites you will receive an error message.</p>
<p>We have had staff experience some difficulty with uploading Major Incidents in IMPA. They get the following error messages. If they select Death as the main incident type, then yes all death related questions are required per business requirements. Will they have to answer no to all questions even if it is not the incident type? For example her incident was law enforcement will she have to answer all Death and Abuse questions. In the section for what type of review was conducted there are only initiate and completed and neither response seems appropriate. What are they to check if no</p>	<p>Issue has been resolved</p>

<p>environmental or policy review was conducted? If it is easier to discuss by phone let me know. I have cced Kelsey Chevalier the HCBS Incident and Complaint Specialist as she directed me to IMPA support.</p>	
<p>I uploaded a critical incident report on IMPA- the first of 2017 and I was taken aback. I submitted the form at least six times, on the last few times I started marking in sections completing not related to the incident which was a physical injury requiring medical treatment. For example, it was asking me to fill out the death sections and abuse report sections, and I checked boxes for something that actually did not occur. This form asked me to check boxes and fill in blanks for types of incidents that did not occur. I would say more Not applicable needs to be added to this form as soon as possible. Also it asked me to say what date and time the case manager talked to the member about this incident, which completely surprised me, and I don't know when the case manager actually talked to the member, since I am just a provider. So I just made up a date and time. Please make this form easier so I only document about my incident and not everything else that DID NOT occur.</p>	<p>Issue has been resolved</p>
<p>Date and Time CM Contacted member. I am a provider, I cannot verify this information  2. I had to check if a DHS Report was accepted, prior to I checked N/A for was a DHS report being made?  3. Death section- I was prompted to say the person died and to answer yes/no questions about their death. I had to answer 6-7 questions in this section. This was again a physical injury incident  4. Emergency Mental Health- I had to check yes or no for all questions  5. Law Enforcement-I had to check yes or no for all questions. I had to say she was a victim.  6. Abuse Report- I had to say she was an abuse victim  7. Location Unknown- I had to check this box and write an amount of time. She was never alone in this incident  8. Resolutions section- I had to say their was a staff member and member review, equipment/supplies review, environment review, policy and procedure review, agency wide planning, when we did none of this. had to check</p>	<p>Issue has been resolved. As far as, not being able to verify if the Case Manager contacted the member, this has been addressed in a previous question.</p>

the boxes (When my resolution was actually "No resolution required")	
date fields in the form work the same, requiring 1 or 2 digit month & day, and a 4 digit year. Also need / or – between (day/month/year), or you get the "Invalid date/time" message:	Entry for data is all numbers. MMDDCCYY
Font sizes in free text areas are not consistent, and some cut off the top of the typed narratives (see other):	This is a DHS requirement and we can't change the form format "rules".